Headlines News: It was a ‘Gray’ Day
so far, the grays have it

above is poor little NMLC 15-005 PHg, a gray weanling entangled with 5-ply line around the neck, that was removed but the little guy just continued to languor on the beach and was collected and brought to the center last night. See the very swollen right hind flipper.
**Gray Seals**: Sassafras NMLC 15-0043 PHg 
respiratory distress and heavy parasitism

female wt=35 kg, SL= 114 cm, BS=2/5
stranded 3/19/15 Cape Cod; admit: 3/19/15
Problems: (photo credit Wendy —->)
  - respiratory distress
  - open mouth breathing
  - tapeworms
  - +++ Cryptocaual lingua
  - ++ cestode ova, Diphyllobothrium sp.
PE: passed thin tape worm in feces
TPR 96.4, 120, 10 dull
BG 155
tag wound to left hind flipper removed with associated wound
removed tag
eyes dilated, no nasal d/c
quite / lethargic
3/x/15

Rounds Notes

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thin
rads DV chest, lateral abd

fluids 450 ml electrolytes 4-5 x day, add gruel wean up
meds:
  baytrail 10 mg /kg PO SID oral
  praziquantel 34, x 5 tab once
  BID nebulization saline
    ( if we want to add acetylcystine 10%)

Gray Seals : Wasabi NMLC 15-005 PHg
strangulation ligature to neck, swollen right hind flipper / abscess, and
pulmonary infiltrate / pneumonia, high WBC
male wt=22 kg, SL= 98.5 cm, BS=2.53/5
stranded 3/18/15 Nantucket; admit: 3/20/15
fecal from admission trematode eggs 45.48 um x 21.09 um
    egg type 2 51 x 35 um cestode ?
melena
tape worm in feces no scolex; max proglittid width = 5.91 mm
fecal from yesterday 2 types ova, Cryptocotyle lingua, Diphyllobothrium sp.
  ova 55 x 31 um
  ova 56 x 42 um

PE and DV hind flipper radiographs
Right eye was squinty in pod, but WNL at exam
pupils constricted, sand in/around eyes
circumference 95% healed abrasion around neck, clip and clean
right hind flipper swollen but no obvious wounds, hind end is fecal contaminated
Problems:
  monitor right eye
  swollen Right hind flipper
  healing strangulation ligature
around neck
tape worms
melena
ova 2 types in feces
trematode and cestode light infection
meds:
enrofloxacin 10 mg/kg SID, inj
to oral
  amoxicillin 500 mg
  tramadol 50 #12 i PO BID
  pred 20 mg 1/2 tab BID 3 days , then SID until gone #5.5
tubing plan 5x
  electrolyts to gruel 350 ml
  offer assist feed

Drained abscess at Rounds, and flushed, surgery is being considered

**Gray Seals** : Pepper NMLC 15-003 PHg

**otitis media LEFT**

male wt=14.7 kg, SL= 80 cm, BS=3/5
stranded 2/25/15; admit: 2/25/15
last blood:2/26/15, 3-10-15 BG= 132 mg/ml (OK)
Initial hypoglycemia responding to feeding and monitoring, low proteins, low calcium, increase WBC and CHOL, low Na and Cl
last fecal: NPS-CRW UA trace hematuria
cytology: marked improvement from initial sample, still bacteria but not WBC associated, numbers of WBC greatly decreased A: improved-CRW
last radiographs:2/28/15
PE: [3-10-15 CRW] TPR= 96.6, 120, 60 (stressed)
BAR, oral, eyes WNL, min. white nostril d/c with
stress, can induce LEFT aural d/c with manipulation (cytology collected), other WNL
HX: seal is difficult to tube, report of decreased fecal production, and pressure within the tube, appears to have resolved.
TX:
1) enrofloxicin 7 mg/kg PO BID
2) flush LEFT ear 60cc saline BID, decrease volume to 20 cc, flush for 7 more days then we hope to d/c
3) instill Baytril/Synotic® 2-6 drops after flush / switch to Tri-Otic ASAP
4) calcium 100 mg SID, NaCL 1g PO BID

PLAN: will schedule CT at CSI WHOI, if osteomyelitis of the LEFT temporal bone then SX if not may consider continuing medical therapy

Sea Turtles: Kemp’s Ridleys held back but on-deck
a significant number of turtles still require careful monitoring

Sea Turtles: Kemp’s: Indie
37 (NEST 14-40) Cold stun
wt= 2.7 kg, SCL = 23.4 cm, SCW = 21.5 cm BS=3/5
HR =48, temp 70.6 °F OK to SWIM, eating
stranded: X ; admit 11/16/14, NMLC 11/20/14
last blood:11/20/14, 12/16/14, s12-23-14= depressed respiration; 2/15 ALKP 446 improved, ALT = 78, AST=907, CK better, LDH 9380 was 29K - improving but elevated tissue enzymes ALT and AST increased.; LDH (29K)
last rads: 12/16/14 AP:
PE:(3-10-15 CRW) large and robust, BAR, no active lesions, doing well, minimal ventral rash; 3/3/15 no significant lesions; mild swelling RIGHT neck, minor oral rash, minor ventral plastron rash
TX:
1) oxytetracycline 42 mg/kg IM q6d started 11-19-14 d/c 1-1-15
1) add B12, Ca, SeaTab

HOLD for further evaluation tissue enzymes 5/3/15-CRW
Sea Turtles: **Kemp’s**: Bucky 38 (NEST 14-043), cold stun, LDH (7k), resolved pneumonia
wt= 2.6 kg, SCL = 26.3 cm, SCW = 24.4 cm BS=3/5; temp = 73.5°F
stranded: X ; admit 11/16/14 NMLC 11/20/14
last blood:11/16/14, 11/20/14, 12-9-14
increased:LDH increased to 7038
last rads: 11/19/14 GI material, 12-23-14 AP

PE: (3-10 DrAV) / mild ventral rash, FF tip lesions L>R; 3/3/15 RFF<LFF ventral rash, Right neck lesions; SSD applied to lateral head and LFF.
TX
1) ceftazadime 22 mg/kg IM q3d started 11-19-14 d/c 1-1-15
2) enrofloxacin 20 mg/kg PO q3d d/c 1/30/15

Sea Turtles: **Kemp’s**: Camdon 41 (NEST 14-54) cold stun, bradycardia, critical appearance
respiratory compromise, LFF lameness, turtle neck
wt= 1.6 kg, SCL = 21.6 cm, SCW = 20.0 BS=2/5; HR= 42, temp 72.5°F
stranded: X ; admit 11/16/14, NMLC 11/20/14
last blood:1-13-15, PCO2=54, iCa0.88, K 2.8
increased:LDH (17440), HCT (38) decreased:Alb (0.8), Ca (4.9), iCa (0.8), pO2 =75 last rads: 12-19-14 no limb lesions 1-6-15, CT-1/20/15
PE: (3-10-15 AV) pressure sores no longer active, still thin but improved, right neck with scar tissue and firm nodule, over all improved; SSD to minor wounds
TX: Tube feed 30 cc SID 20 cc gruel & fluids 10 ml LRS SQ SID
1) oxytetracycline 42 mg/kg IM q6d started 11/19/14
2) amikacin 10 mg/kg 0.1 cc IM q 3 days, fluids SID d/c 1-1-15
3) vit B complex 0.5 cc SQ q7 day
4) enrofloxacin 20 mg/kg PO q3d & intraconizole 15 mg/kg PO q3d d/c 3/3
2)add B12, Ca, SeaTab
3) 0.5 cc calcium glubinate in gavage tube, eating on own
4) 10-20% bw LRS + KCl SQ SID
1) HOLD for further evaluation slow recovery 5/3/15-CRW
Sea Turtles: Kemp’s : Hank Arron 44 (NEST 14-58) cold stun, mild tissue elevations, improving, suspected pneumonia
wt= 4.1 kg loss, SCL = 29.4 cm, SCW = 27.1 cm BS=3/5
stranded: X ; admit 11/16/14, NMLC 11/20/14
last blood:11/20/14, 11-25; 12-9-14
increased:CK (10212), LDH (4949)
decreased:ALB, K (2.6)
last rads: 12-30-14 AP,3/3/15

PE: (3-10-15 CRW) BAR big and robust, no active lesions, looks great, mild cloacal prolapse under L eye minimal abrasion no TX; large robust looking turtle, no external lesions
A: doing well
TX:
1) oxytetracycline 42 mg/kg IM q6d started 11/19/14 d/c 1-1-15
2) enrofloxicin 20 mg/kg PO q3d d/c 1-30-15
1) SSD topically as needed
2) d/c fluids 12-13-14,
3) add B12, Ca, SeaTab to feed
Repeat AP radiograph in April

Sea Turtles: Kemp’s : Free love 45 (NEST 14-60) cold stun, pneumonia
wt= 2.1 kg, SCL = 23.7 cm, SCW = 21.8 cm BS=3/5, HR=42, temp 74.1°F
HR =48, temp 73.4 °F OK to SWIM and eating
stranded: X ; admit 11/16/14, NMLC 11/20/14
last blood:11/20/14
increased:CK, TP, GLOB, UA (0.7), WBC (28)
decreased:ALB (0.7), Ca, Phos
last rads: 12-30-14 AP

PE: (3-10-15 AV) Healthy, minor rostral rub abrasion- minimal ventral rash, minimal rostral lesion, mini swelling of 1°claw LFF; WNL no external lesions
TX:
1) oxytetracycline 42 mg/kg IM q6d started 11/19/14 d/c 1-1-15
1) enrofloxicin 20 mg/kg PO q3d d/c 1-30-15
1) add B12, Ca, SeaTab to feed  
2) topical SSD PRN  
Repeat AP radiograph in April

**Sea Turtles: Kemp’s : Patch 46 (NEST 14-68) cold stun, resolved pneumonia, UA increase**

- wt= 3.0 kg, SCL = 26.3 cm, SCW = 24.6 cm BS=3/5  
- stranded: X ; admit 11/17/14, NMLC 11/20/14  
- last blood:11/20/14, 12/16/14, 12-23  
- mild persistent lactic acidosis  
- increased: UA (4.1),  
- decreased:  
- last rads: 12-14, 12-30-14 AP, 3-10-15 AP  

Lungs are well inflated, normal architecture on the RIGHT is smaller than the left and ventral, mild diffuse edicular pattern is present  
the LEF is WNL with a typical mid edicular pattern.  
Compared to earlier study there is overall improved air space in the lungs  
A: improved or resolved.  
-CRW

PE: (3-10-15 CRW) minor shell lesions, ventral rash, minor FFTip, minor rostral rub lesion; WNL no external lesions  
P: fluids SID then recheck UA;  
TX:  
1) oxytetracycline 42 mg/kg IM q6d started 11/20/14 d/c  
2) amikacin 10 mg/kg IM q 3 d with 20 ml LRS SQ d/c 1-1-15  
3) enrofloxicin 20 mg/kg PO q3d d/c 1-30-15  
1) SSD topically PRN  
1) add back SQ fluids SID due to increase in UA d/c Jan  
2) add B12, Ca, SeaTab to feed

**Sea Turtles: Kemp’s : Yertle 48 (NEST 14-72) cold stun, UA=2.3, FX LEFT radius**

- wt= 2.1 kg, SCL = 24.6 cm, SCW = 21.5 cm BS=3/5  
- stranded: X ; admit 11/18/14, NMLC 11/20/14  
- last blood:11/20/14, 12-16-14, 12-23-14  
- increased:LDH, WBC (11,600), Co2 58.8  
- decreased: {K=3.0, iCa = 0.99}, pH 7.3, pO2=90  
- last rads: 11-25-14; 1-6-15  

PE: (3-10-15 CRW) welling over the left radius but good use and ROM, other PE WNL; rostral lesion, LFF swelling at callus full ROM; swelling LFF full ROM, other WNL  
A: continues to improve
TX:
1) oxytetracycline 42 mg/kg IM q6d started 11-23-14 d/c 1-1-15
2) amikacin 10 mg/kg IM q3d with 10-12 cc LRS d/c 1-1-15
3) Clavamox 30 mg/kg PO SID 14d d/c CRW
1) HOLD for further evaluation healing fracture 5/3/15-CRW

Sea Turtles: Kemp’s :49
(NEST 14-73)
cold stun, metabolic acidosis (lactate), positive buoyancy,
respiratory depression, pneumonia
three granulomas
wt= 1.9 kg, SCL = 23.4 cm, SCW = 20.3 cm BS=2/5
stranded: X; admit 11/18/14, NMLC 11/20/14
last blood:12-2-14, 12-16-14; 12-23-14
increase: WBC (32), UA (1.7), pCO2 (57)
decrease: Alb (0.6), HCT (12%), pO2 (64) SO2% (95)
last rads: CT 1-20-15, lung lesions; AP 3-10-15
The lungs are well inflated, the main steam bronchus on the Right is swollen with a mid
edicular pattern peri-bronchiolar, left the normal pulmonary main steam broaches and
pulmonary artery and vein on the left is obscured, mild patch edicuar patterns are
present
A: the RIGHT medial mass seen on CT are no visualized, report view in 1-2 mo. CRW

PE: (3/10/15 CRW) shows improvement with healing, plastron pigmentation, lacerations and skin ulcers much
improved; RFF flipper tip, minor head abrasions and neck lesions L>R, minimal cloacal prolapse
TX: Tube feed SID 20 cc gruel if not eating
1) oxytetracycline 42 mg/kg IM q6d started 11-23-14 d/c 1-1-15
2) amikacin 10 mg/kg 0.1 cc IM q4 day, fluids SID d/c 1-1-15
1) Clavamox 30 mg/kg PO SID 14d
2) 20 ml LRS SQ SID to BID, SID add 1cc 23% calcium SQ
1) enrofloxacin 20 mg/kg PO q3d, intraconizole 15 mg/kg PO q3d 60 d
2) vitamin B complex 0.5 cc SQ q7d
3) topical SSD to wounds
1) HOLD for further evaluation significant pneumonia 5/3/15-CRW

Sea Turtles: Kemp’s :51 (NEST 14-75)
“quazi-moto”, colds stun, lung lesions LEFT
wt= 4.0 kg, SCL = 28.6 cm, SCW = 25.5 cm BS=3/5, HR= 42, temp 74.8°F
HR =20, temp 72.8 °F  OK to SWIM
stranded: X; admit 11/18/14, NMLC 11
last blood: 11/18/14, 11/20/14, 11-25-14; 12-23-14 (hemolymph)
increased: AlkP, UA (1), Glu, WBC (1), pCO2(58)
decreased:
last rads: 11-25-14 DV, AP, CT 1-20-15, 3-14-15
3/14/15
NMLC 14-051 TLk Quazimoto
March 14th, 2015, AP digital radiographic view, AP horizontal beam
abnormal carapace arguer on RIGHT, smaller on LEFT likely congenital, Right lungs larger then LEFT normal radiographic anatomy obscured on left with possible chronic atalextisis, right lung is also abnormal with minor bronchi seen and changes is normal vascular pattern, compared to 11/25/14
marked improvement in both lung fields but generalized aggressive LEFT lung pattern in previous film is resolved and right lung fields also appear improved
A: resolved pulmonary disease with likely perminate changes associated with scoliosis and abnormal carpace development which does not appear to compromise the turtle at this time is and is not considered an impediment to release, clinically the turtle continues to do very well and has gained considerable weight and size with a robust appearance.
-CRW

PE: (3-10-15 AV) BAR, minimal rostral rub lesion, shell is stable; mild ventral rash; WNL no external lesions
TX:
1) 1% LRS SQ EOD until eating, one eating add B12, Ca, SeaTab
2) oxytetracycline 42 mg/kg IM q6d started 11-23-14 d/c 1-1-15
3) amikacin 10 mg/kg IM q3d started 12-16-14 d/c 1-1-15
1) enrofloxacin 20 mg/kg PO q3d d/c 1-30-15
1) topical SSD PRN
Sea Turtles: Kemp’s :58 (NEST 14-387)  
cold stun, resolved pneumonia  
wt= 2.9 kg, SCL = 27.4 cm, SCW = 24.4 cm  
stranded: 11/21/14 1st Enct. beach ; admit 11/x/14, NMLC 11/26/14  
last blood:12-2-14, 12-16-14  
increased:ALKP, CK, LDH, Na (165), WBC (32)  
decreased:TP (2.2), ALB(0.7), Ca (5.3) but iCa = 1.07, pH 7.3  
last rads: 12-14-14 AP; 3-10-15 AP  
Lungs are well inflated, normal architecture on the RIGHT is smaller then the left and ventral, mild diffuse edicular pattern is present, and peribronchiloar swelling  
the LEFT is WNL with a typical midl edicular pattern.  
Compared to earlier study there is overall improved air space in the lungs  
A: improved or resolved, the previous study was oblique which could influence interpretation  
-CRW  
PE: (3-10-15 CRW ) Appears healthy, BAR, mild ventral rash, other WNL; rostral rub lesion, R upper eye lid abrasion - minor; WNL no external lesions  
TX  
1) oxytetracycline started 11-28-14 42mg/kg IM q6d; d/c 1-1-15  
1) enrofloxicin 20 mg/kg PO q3d  d/c 1-30-15  
1) topical SSD PRN  
1)add B12, Ca, SeaTab to feed  

Sea Turtles: Kemp’s :Perigrin 60 (NEST 14-391) cold stun recovering from SX of RFF tip  
wt= 4.0 kg, SCL = 28.0 cm, SCW = 26.2 cm BS=3/5, HR=40, temp 72.8°F  
stranded: 11-21 Great Island ; admit 11/x/14, NMLC 11/26/14  
last blood:11/26/14; iStat pre-op 12-11-14= WNL  
increased:AlkP, CK, LDH, UA (2.5), WBC (13)  
decreased:  
last rads: 11/28/14 DV , shows skin and bones, some GI material,  
2/17/15- DV flippers, mild splinter type lesion to De P4 distal, not typical of the osteolysis syndrome, RIGHT post op site looks fine.  
PE:(3-10-15 AV)  min. cloacal prolapse, LFF ventral ulcerated proliferative lesion, may be slowing resolving, SX site looks good; WNL no external lesions  
TX  
1) oxytetracycline started 11-28-14 42mg/kg IM q6d;d/c 1-1-15  
1) Clavamo 30 mg/kg PO SID 14d; d/c
Sea Turtles: Kemp’s : Jadager 61 (NEST 14-393) cold stun suspect pneumonia

wt= 2.2 kg, SCL = 27.2 cm, SCW = 25.2 cm BS=3/5, HR = 48, temp 74.0°F

stranded: 11/22 Dyer Prince; admit 11/x/14, NMLC 11/26/14
last blood: 11/26/14; 12-9-14
increased: AlkP, LDH (15665)
decreased:
last rads: 12-27 AP; 3-14-15
NMLC 14-061 TLk
March 14th, 2015, AP digital radiographic view, AP horizontal beam
lungs are well inflated but view is slightly oblique, makes the LEFT lung field look larger than RIGHT with avolar pattern on RIGHT and normal anatomy obscured on both views compared to study 12/27/14 different exposures, but RIGHT lungs look no better and possibly worse
A: possible continued pulmonary disease
P: either CT or monitor, recheck radiograph in 1 mo, if clinically not doing well, institute abx/antifungal therapy for additional period
-CRW

PE: (3-10-15 AV) RFF tip lesions > L, minimal FFT lesions healing, but still present and mild ventral rash on caudal plastron; minimal rash, healing rFF tip, D3 P4-5 ventral; RFF tip lesion other WNL
TX
1) oxytetracycline started 11-28-14 42mg/kg IM q6d; d/c 1-1-15
1) enrofloxicin 20 mg/kg PO q3d d/c 1-30-15
1) topical SSD PRN
1) add B12, Ca, SeaTab to feed
Repeat rads in April

Sea Turtles: Kemp’s :63 (NEST 14-665) cold stun, UA (4.4), metabolic derangements
PNEUMONIA, low K (2.7) resp. depression
wt= 2.7 kg, SCL = 28.4 cm, SCW = 26.2 cm BS=2/5, HR= 42, temp 73.5°F
stranded: ; admit 12/4/14, NMLC 12/9/14
last blood: 12/8/14; 12-23-14; 12-30-14; 1-13-15
increased: WBC (24), AST (884), CK, LDH (5119), GLU (141), UA (4.4), pCO2 (55)
decreased: ALB (1.0), TP, PHOS (6.4), Cl (109), K (2.5)
last rads: 12-11-14 AP, advance bilateral pneumonia, 3/14/15
NMLC 14-063 TLk
March 14th, 2015, AP digital radiographic view, AP horizontal beam
compared to study 12/14/14
lung volume is good, lungs are well inflated and position is straight,
main stem bronchus partially obscured on LEFT, RIGHT is WNL,
mild background edicular pattern but no overt pathology. normal structures are improved from the earlier study but the position of that study was slightly oblique
A: improved WNL, resolved pulmonary disease
P: check blood work in one month, if continues to do well clinically apply for wild release -CRW
PE: (3-10-15 AV) minor rostral rub lesion; mild healing abrasion to nuchal scute, Left first lateral, minimal rostral rub lesion, other WNL; WNL no external lesions
TX
1) oxytetracycline started 12-11-14 42mg/kg IM q6d; d/c 1-1-15
1) enrofloxacin 20 mg/kg PO q3d, itraconizole 15mg/kg PO q 3d 60d
1) 20 ml LRS + 20 mEq KCl/L SQ SID
2) 0.5cc super B complex SQ q7d
Repeat rads in April

Under the Microscope:
sticky tapeworm situation
Always difficult to make an identification of a tapeworm without the scolex, but our new gray seals are both passing variably sized proglottid fragments and have these ova with the abopercular knob, which is diagnostic for Diphyllobothrium